

CITY OF HIAWASSEE
UTILITY [WATER & SEWER] - SERVICES APPLICATION

Applicant Name: _____

Mailing Address: _____

City, County, State, Zip Code: _____

Telephone Number of contact: _____

Lot Owners Name: _____

Mailing Address: _____

City, County, State, Zip Code: _____

Telephone Number of contact: _____

Type of Use: Residential: _____ Commercial: _____ Business _____

Existing: _____ New Construction: _____

If Residential, your Flow Rate is 750 gallons per day.

If New Business or Commercial, please refer to the attached "Presumed Flow Rates" by Land Use in calculation of connection Fees.

If Residential, SKIP the next Page which is required for Commercial/Business.

COMMERCIAL/BUSINESS INFORMATION ONLY

Commercial/Business Sewage Flow Rates

Average Gallons Per Day: _____

Peak Gallons Per Day: _____

Commercial/Business Water Flow Rates

Average Gallons Per Day: _____

Peak Gallons Per Day: _____

Commercial/Business Utilities Design (New Projects Only)

List nominal pipe diameter(s) and length: Size and type of pump stations (if any):

Source of project funding:

CITY OF HIAWASSEE CONNECTION FEE ANALYSIS:

City of Hiawassee Presumed Flow Rates. _____

Type of Project: _____

Presumed Flow Rates: _____

If applicable, Attached hereto is a Request for Special Consideration or Variance from Local Ordinance, Planning Requirements, Application or Connection Fees, Credits, or Special Matters that the City should consider in regards to this project.

By Signature Below, I hereby certify under Oath and Penalty of Law that the above information is true and correct. I also acknowledge and agree that this application and the payment of any fees associated with this application are for planning purposes only. I am aware that the City of Hiawasse connects residential and commercial properties and developments to water and sewer Services on a first come, first serve basis following Local and State Application, Approved Engineering, Payment of Applicable Connection Fees.

Service Connection is based on service capacity and local authority being available at the time of connection, The City does not reserve any capacity for future development without the purchase of reserved capacity or conditional approval by the City Planning Committee.

By signature below, I agree to participate in the City's Planning Process without any guarantee of future services being made available to the above referenced project. I also understand that a fee of Three Thousand Five Hundred Thousand Dollars (\$3,500.00) may be required for City Engineer's Plan Review and Inspection for Major Commercial Projects if determined necessary.

Please contact the City Manager, Rick Stancil, at 706-896-2202 to discuss the need for City Engineer review. This Fee does not apply toward Connection Fees and costs of Meters, which is an additional cost.

APPLICANT

NOTARY PUBLIC

My Commission Expires:

After completing, please mail completed form to City of Hiawasse, 229 Chatuge Way, Hiawasse, Georgia 30546. Please direct any questions to Mayor or Manager at 706-896-2003.

Affidavit Pursuant to Georgia Immigration Laws

Note: As a prerequisite to certain interactions with government entities, Georgia Law requires an affidavit regarding the subjects indicated herein.

1. I am over the age of 18, of sound mind, and am competent to make this Affidavit.
2. Initial all that apply (you may initial more than one):

X I execute this Affidavit as an applicant for a Public Benefit. Public Benefits include Retirement Benefits, Health Benefits, Disability Benefits, Contracts, Business Loans, Business Licenses, Professional Licenses, Certificates authorizing the transaction of regulated businesses, other benefits- as referenced and defined in O.C.G.A. Section 50-36-1, and as defined by the Attorney General of the State of Georgia.

3. I submit this affidavit on behalf of _____ (self or business entity).

4. With respect to my personal presence in the United States, I state as follows:

a. I am a United States citizen: OR
b. I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act lawfully present in the United States. I have provided my Alien Registration Number or, in the event I do not have an Alien Registration Number, I have provided another identifying number below.*

6. In making the above representations under oath, I understand that the City of Hiawassee, its agents, representatives and its employees are relying upon this affidavit, and I hereby authorize them to do so. I am aware that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Information made under Oath and Penalty of Law, this _____ day of _____ 200

NOTARY PUBLIC

APPLICANT

Print Applicant's Name & Address:

Alien Reg. No. or Other Identifying No. for Non-Citizens

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number.

HLAWASSEE OFFICE USE ONLY

Type of Secure and Verifiable Document Attached Hereto: _____

Document Reviewed By: _____

Beginning on Jan. 1 under Georgia's new immigration enforcement law, state and local government agencies must start requiring people who apply for public benefits to provide at least one "secure and verifiable" document. The intent of the law is to prevent illegal immigrants from getting benefits they are not entitled to receive. In August, the state Attorney General's office published a two-page list of acceptable identification documents. The list includes but is not limited to:

- U.S. and foreign passports
- U.S. military identification cards
- State-issued driver's licenses and identification cards
- Tribal identification cards
- Federally issued permanent resident cards

Also in August, the state Attorney General's office published a list of what are considered public benefits. The list includes but is not limited to:

Adult education
Business certificates, licenses or registration
Business loans
Energy assistance
Gaming licenses
Professional licenses
State grants or loans
State identification cards
Unemployment insurance

For complete information, go to www.law.ga.gov.

Applicant Demographic Information for Federal Monitoring

Name: _____
Telephone #: _____
Property Address: _____
Billing Address: _____

Utility Service type requested _____ water; _____ sewer; _____ other.

Applicant Signature Date: _____

The following information is requested by the Federal Government in order to monitor compliance with federal laws prohibiting discrimination against applicants seeking to participate in the program. You are not required to furnish this information, but are encouraged to do so; this information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, we are required to note the race/national origin of individual applicants based on visual observation or surname.

Ethnicity: Hispanic _____ or Latino _____

White _____ ; Black or African American _____

American Indian/Alaska Native _____ ; Asian _____

Native Hawaiian or other Pacific Islander _____

Gender: Male _____ Female _____

This is an equal opportunity program. Discrimination is prohibited by federal law. Complaints of Discrimination may be filed with USDA, Director, Office of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave, SW, Washington, DC 20250-9410.

Office Use Only:

Account #: _____ Service: Residential _____ ; Business _____ ; Commercial _____

Other: _____

Amount of Deposit: _____ Date paid Cash _____ Check _____

Other information: _____